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ABSTRACT

This program quality review instrument for California's infant and toddler programs focuses on seven functional program components. Components include: (1) philosophy, goals, and objectives; (2) administration; (3) maintenance of a developmental profile on each infant and toddler; (4) provision of a developmental program; (5) parent education and involvement; (6) community resources and involvement; and (7) program evaluation. In assessing the developmental program, the review instrument focuses on the nature of the learning environment; the caregiver's influence on the environment; health, nutrition, language and communication; and emotional, social, physical, cognitive, and creative development. Programs are assessed using indicators and items specified within the functional components, and are rated excellent, good, adequate, or inadequate. If inadequate, programs are required to submit a program improvement plan within 30 days of the program quality review. A glossary of terms used in the instrument is provided. (RH)

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Infant and Toddler Program Quality Review Instrument

Prepared by the
Child Development Division

CONTENTS

	Page
Preface	iv
Authority	1
Overview	2
Uses of the Instrument	2
Preparation for and Conducting of the Program Review	3
Rating	4
Program Components	5
A. Philosophy, Goals, and Objectives	5
B. Administration	6
C. Developmental Profile	8
D. Developmental Program	10
E. Parent Education and Involvement	23
F. Community Resources and Involvement	24
G. Evaluation	24
Glossary	26

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PREFACE

The program quality standards set forth in this instrument are designed for use in the evaluation of center-based, state-subsidized child care and development programs serving the child from birth through two years nine months of age.

The contents of this instrument were drawn from "Visions for Infant-Toddler Care: Reaching for the Best," which is a part of the Program for Infant/Toddler Caregivers developed by the Center for Child and Family Studies, Far West Laboratory for Educational Research and Development, in conjunction with the State Department of Education, Child Development Division.

The Child Development Division (CDD) and the Infant-Toddler Committee developed this instrument with input and review from field experts and practitioners in the area of infant care and development in order to refine and validate the established quality standards. The committee members included Janet Poole, Child Development Assistant Director, SDE; Mary Smithberger, Child Development Consultant, SDE; Gene Arreguy, Child Development Consultant, SDE; Virginia Benson, Child Development Consultant, SDE; Emily Louw, Child Development Consultant, SDE; Kathryn Swabel, Child Development Consultant, SDE. Special recognition is given to Kay Witcher, Administrator, for coordinating development of the instrument.

A special acknowledgment is extended to Richard Feine, Early Childhood Education Professor, University of Pennsylvania; and J. Ronald Lally, Director, Center for Child and Family Studies, Far West Laboratory for Educational Research and Development, San Francisco, for their contributions to this instrument and their dedication and commitment to quality caregiving for infants and toddlers.

AUTHORITY

Senate Bill 863 (Education Code Section 8203, Chapter 796, Statutes of 1980) requires the Superintendent of Public Instruction to develop standards for the implementation of quality programs and to identify areas for indicators of quality that shall include, but not be limited to:

a. A physical environment that is safe and appropriate to the ages of the children and meets applicable licensing standards.

b. Program activities and services that are age-appropriate and developmentally meet the needs of each child.

c. Program activities and services that meet the cultural, linguistic, and other special needs of children and families being served.

d. Family and community involvement.

e. Parent education.

f. Efficient and effective local program administration.

g. Staff that possesses the appropriate and required qualifications or experience, or both. The appropriate staff qualifications shall reflect the diverse linguistic and cultural make-up of the children and families in the child care and development program. The use of intergenerational staff shall be encouraged.

h. Support services for children, families, and providers of care.

i. Resource and referral services.

j. Alternative payment services.

k. Provision for nutritional needs of children.

l. Social services that include, but are not limited to, identification of child and family needs and referral to appropriate agencies.

m. Health services that include referral of children to appropriate agencies for services.

OVERVIEW

A quality infant/toddler program is characterized by developmentally appropriate activities for children, efficient and effective administration, parent and community involvement, and support services for the children and families being served.

A quality infant/toddler program utilizes generally recognized principles of child development as guides in planning the program. It is vital that infant/toddler caregivers work in partnership with parents to provide care and nurturance to our youngest children. They assist the child in exploring the world through all the senses, provide a secure emotional base from which the child can find healthy expressions for growing feelings of independence, and ease the recurring stress of separation, giving sensitive and constructive support to the parents' concerns about their child.

California's child development programs include children, parents, and staff who represent an abundant variety of cultures and ethnic groups. This rich mixture offers many opportunities for learning, understanding, and appreciating cultural diversity. The infant/toddler program is an excellent environment in which to begin to prepare children for the diversity which they are likely to encounter as they grow, enter school, and seek fulfillment as adults.

USES OF THE INSTRUMENT

The Child Development Division Infant-Toddler Committee designed this instrument to communicate program quality standards in simple, yet direct, language and with the expectation that a respectful attitude regarding young children and their families, staff, and community would prevail. It is meant to fulfill three distinct purposes:

1. Self-review: An annual self-review is required as part of the service contract. It is required that governing or advisory boards and program staff will conduct a self-review and will use the results to set program goals. The self-review should be useful to staff preparing for a formal review.

2. A Teaching Tool: For administrators, instructional and support staff, and governing boards or advisory committees, this instrument is designed to serve as a step-by-step approach for assessing the quality and needs of the program.

3. Review of Program Quality: The Child Development Division will use the instrument to monitor and rate programs for program quality. In this process CDD will also evaluate the extent to which the activity or plan

is appropriate. Consultant assistance will be available to those programs that score below acceptable standards.

4. Program Improvement: Administrators of programs rated in the "Adequate" range and above will be encouraged to select areas of the program that they would like to work on for improvement.

PREPARATION FOR AND CONDUCTING OF THE PROGRAM REVIEW

No later than September 1, programs to be reviewed during the fiscal year will be notified by letter. This notification will be followed by a phone call from the assigned consultant for the purpose of setting the specific date for the review. If the program has more than one center, the center(s) to be reviewed will be identified. A letter confirming the date for the review and what materials should be available will be sent to the program at least two weeks prior to the review. The program will also be asked to designate a small working space for the team.

Two people will conduct the review, and every effort will be made by the reviewers not to disturb the program operations. The review is expected to take one day, from 8:00 a.m. to 5:00 p.m. This review time includes the following:

Entry meeting -- The review team will meet with the program director and other appropriate staff to review the schedule and determine where needed materials are located and answer procedural questions.

Tour of the center -- A general tour of the center will familiarize the review team with the general layout.

Observation periods -- An observation period of at least 60 minutes by each person conducting the review will occur during the day.

Review of written materials -- Written materials which verify the presence of an item are to be available in one place. Confidential material should be appropriately protected.

Interviews -- Individual interviews will be conducted with the program director. Either individual or group interviews will be conducted with staff.

Exit meeting -- At the conclusion of the review, the reviewers will share the results of the review with the program director and other staff, parents, or board members who can be present.

RATING

Each program component has been given a certain number of points, and the total points of the seven components determine the program rating. Programs are assessed using the indicators and items within the components. The number of points earned by the program are totaled, and the program is rated as follows: excellent, good, adequate, or inadequate.

Programs achieving a rating of inadequate are required to submit a program improvement plan which will bring their rating at least to the adequate range. Assistance may be provided by the consultant in selecting the areas to concentrate on for improvement. The program improvement plan must be submitted within thirty (30) calendar days after the date of the program quality review.

PROGRAM COMPONENTS

DOCUMENTATION AND INTERVIEW

A. PHILOSOPHY, GOALS, AND OBJECTIVES

The program philosophy is a set of principles based on the developmental needs of infants and toddlers and is utilized to formulate the overall program goals and objectives. These three components set the program in motion and establish the working relationship with infants and toddlers, parents, staff, and the community at large. The program philosophy, goals, and objectives recognize that infants and toddlers grow according to generally accepted developmental patterns, that they may reach these stages at different times, and that these variations may be due to individual differences, special needs, or cultural values.

Documentation

1.1 _____ A governing body or board designee annually approves the overall child development program goals and objectives which are based on the philosophy of the program.

1.2 _____ The goals and objectives address the following areas:

- 1.2.1 Administration
- 1.2.2 Staffing
- 1.2.3 Support services
- 1.2.4 Parent education and involvement
- 1.2.5 Community involvement
- 1.2.6 Developmental activities which recognize individual differences of the children and acknowledge cultural diversity of the families

1.3 _____ The agency has a written plan to achieve the overall program goals and objectives, and the plan identifies the person(s) responsible for achieving the goals.

Interview

1.4 _____ Overall goals and objectives can be articulated by the program director.

1.5 _____ The developmental program goals and objectives can be articulated by the caregiving staff.

B. ADMINISTRATION

1. Personnel Policies

Personnel policies and procedures are developed and set forth to ensure effectiveness, efficiency, and consistency in overall program operation. The formulation of personnel policies and procedures should be a joint effort between the board, administration, and staff. It is the administration's responsibility to provide written personnel policies and procedures to all staff and provide clarification, training, and revision of the established policies and procedures as needed.

Documentation

1.1 _____ The agency has a recruitment plan, and the plan is being implemented to demonstrate that an effort has been made to employ staff that reflect the cultural and linguistic diversity of the children and families being served.

1.2 _____ The agency has a board(or governing body)-approved staff handbook or written material which includes but is not limited to the philosophy, goals, and objectives of the child development program and personnel policies and program policies and procedures.

1.3 _____ Personnel policies include but are not limited to:

- 1.3.1 Employment procedures
- 1.3.2 Description of benefits
- 1.3.3 Evaluation procedures
- 1.3.4 Opportunities for upward mobility
- 1.3.5 Lay-off plan
- 1.3.6 Termination procedures
- 1.3.7 Grievance procedures
- 1.3.8 Confidentiality of staff records

1.4 _____ Program policies and procedures include but are not limited to:

- 1.4.1 Child abuse reporting
- 1.4.2 Maintaining a safe and healthy environment
- 1.4.3 Communication with parents
- 1.4.4 Emergencies
- 1.4.5 Confidentiality of family records

1.5 _____ The agency has a written orientation plan for new employees that includes the following:

1.5.1 Description of the probationary period
1.5.2 Training activities that will occur during the probationary period, including discussion of items specified in 1.3 and 1.4 above.

1.6 _____ The agency has a written orientation plan for volunteers and substitutes.

1.7 _____ The agency's written employee evaluation is designed to improve performance and give the employee an opportunity to respond and participate in a development plan. (Review a minimum of three (3) employee files.)

Interview

1.8 _____ Each staff member receives a copy of the staff handbook or written material covering personnel policies and procedures. (Interview a minimum of three (3) staff members.)

2. Staff Development

A well-trained staff is essential to the success of the infant/toddler program. Staff members should have a clear understanding of program policies, procedures, job expectations and, for caregivers, child development theory and practice. Staff members should have an opportunity to identify their staff development needs and provide input into the overall staff development plan. The provision of on-the-job training assists staff in improving their job skills and encourages professional growth.

Documentation

2.1 _____ The agency has a plan for staff development and provides regular staff development training which includes, but is not limited to, the following topics:

2.1.1 Safety in the children's environment
2.1.2 Health and sanitation procedures for adults and children
2.1.3 Child abuse reporting
2.1.4 Infant/toddler development
2.1.5 Cultural diversity in the program
2.1.6 Observation techniques and skills
2.1.7 Responding to nonverbal cues of infants and toddlers

2.2 _____ The agency has a method for communicating information internally, including the following:

2.2.1 Monthly staff meetings that include a prepared agenda and minutes
2.2.2 A process for the staff to make contributions to agendas
2.2.3 A process for transmitting written messages

Interview

2.3 _____ The staff development plan is based on the needs and interests of the caregivers. (Interview a minimum of three (3) caregiving staff.)

2.4 _____ Staff members have a clear understanding of their roles and their job descriptions. (Interview the director and a minimum of two (2) staff members.)

C. DEVELOPMENTAL PROFILE

A developmental profile should be maintained for each infant and toddler and utilized by the caregiving staff to design a program that meets the child's developmental needs. An infant/toddler developmental profile consists of information received from the parent(s) about the child and information received through caregiver observation and interaction regarding the child's developmental characteristics. When a child is enrolled in the program, information should be obtained from the parent(s) on the child's developmental and health history, needs and preferences, and family background. After the infant or toddler has had an opportunity to adjust to the program, the primary caregiver or other designated staff should determine the child's developmental level and needs through either formal or informal observational methods and plan activities accordingly. Assessing the developmental needs of infants and toddlers is an ongoing process, and the information gathered should be shared with the child's parent(s) on a regular basis.

Documentation - Review 10 percent or at least five children's individual files.

1.1 _____ At enrollment, information regarding the child is obtained from the parent(s) covering the following areas:

1.1.1 Developmental history (for example, age child rolled over, crawled, walked, special words for rattle, excretory functions, child's fears, special attachment, favorite toys, and so forth)

1.1.2 Health history (for example, prenatal and birth conditions, chronic health conditions, food and other allergies)

1.1.3 Nutrition (for example, types of formula, introduction of solid foods, food preferences of child and family)

1.1.4 Child-rearing practices (for example, types of guidance used, expectations)

1.1.5 Family background (for example, family members, ages of siblings, language spoken in the home, cultural values)

1.1.6 Special considerations (for example, social services requests)

1.2 _____ A written, ongoing developmental profile is maintained on each child covering the following areas:

1.2.1 Social-emotional development
1.2.2 Physical development
1.2.3 Language development
1.2.4 Cognitive development

1.3 _____ At least two formal parent conferences are held regarding the child's growth and development.

Interview

1.4 _____ The information gathered at enrollment is utilized to plan for the child's care.

1.5 _____ The staff evaluates the development of each child on an ongoing basis and adjusts the plan for the child's care accordingly.

1.6 _____ The staff and parent(s) confer on an ongoing basis to discuss the child's care and development.

D. DEVELOPMENTAL PROGRAM

1. Learning Environment

The learning environment and its arrangement of furnishings, equipment, and materials have a significant influence on the functioning of the infants, toddlers, and caregiving staff. The caregivers' primary responsibility is to ensure the health and safety of the infants and toddlers by eliminating dangerous conditions and materials and by arranging the environment for easy supervision while allowing for the free movement and independent choices of the growing child. The color of the walls, lighting of the rooms, and surfaces of the floors should be pleasing, comfortable, and easily maintained. The arrangement of space for the infant or toddler should be designed to include small quiet areas as well as room for active movement and exploration.

1.1 _____ There are separate functional areas for food preparation, feeding, sleeping, playing, bathing, and diapering.

1.2 _____ The environment is safe and free of hazards (e.g., electrical outlets are covered, safety gates are installed on all stairways not designed for children's use, and all furniture or equipment that could fall, be pulled over, or climbed on has been secured).

1.3 _____ Separate play areas are provided to meet the developmental needs of different age groups.

1.4 _____ Developmentally appropriate materials of sufficient quantity and variety are available for each child.

1.5 _____ Books, toys, and materials reflect the cultures of the families being served.

1.6 _____ The environment is designed so that infant and toddlers can choose and use materials independently (e.g., toys are on low shelves).

1.7 _____ Equipment is child size and adjusted for the developmental ages of the infants and toddlers.

1.8 _____ Quiet and noisy areas are separated and there are private areas to provide a break from over-stimulation.

1.9 _____ Dividers that are used to separate one area from another are low enough to provide for easy supervision of children.

2. Caregivers' Influence on the Environment

Caregivers set the tone of the learning environment by their knowledge, skills, and personal styles of interaction. They guide and encourage the infant/toddler's learning by ensuring that the environment is emotionally supportive; invites active exploration, play, and movement; and supports a broad array of experiences. An established routine together with a stimulating choice of materials, activities, and relationships enhances the infant/toddler's learning and development.

Young infants begin to learn from their immediate surroundings and daily experiences. The sense of well-being and emotional security conveyed by a loving and skilled caregiver creates a readiness for other experiences. Before infants can creep and crawl, it is important for caregivers to provide a variety of sensory experiences and encourage movement and playfulness.

Mobile infants are active, independent, and curious. They are increasingly persistent and purposeful in doing things. They need many opportunities to practice new skills and explore the environment within safe boundaries. As the mobile infants' skills and discoveries increase, the caregivers should gradually add more variety to the learning environment.

Toddlers are increasingly developing new language skills, physical control, and awareness of others and themselves. Caregivers can support the toddlers' learning in all areas by maintaining an environment that is dependable but flexible enough to provide opportunities for them to extend their skills, understanding, and judgment in individualized ways.

2.1 _____ Children are given the freedom and opportunity to move and explore in a variety of safe spaces, including outdoors.

2.2 _____ Caregivers ensure that toys, equipment, and other materials which are safe for older groups are not accessible to younger groups, unless under close supervision.

2.3 _____ Simple and consistent patterns are followed in making transitions from one activity to another.

2.4 _____ Routines, activities, and materials are adjusted to the mood and energy changes of infants and toddlers.

2.5 _____ There is minimal use of infant seats and swings, high chairs, or playpens (this does not include the use of car seats for vehicle transportation).

2.6 _____ Small objects (less than one inch in diameter) and foods which frequently cause choking (e.g., grapes, hot dogs, peanuts) are not accessible to or given to infants.

2.7 _____ Young infants are held and carried about frequently and their positions and locations are changed often during the day.

2.8 _____ A primary caregiver is assigned to each child under the age of two. (This item must also be validated by documentation or staff interview.)

2.9 _____ Caregivers' purses, hot beverages, medication, and so forth are limited to a designated area which is inaccessible to children.

3. Health

Good health involves sound medical practices. Adults need to model and encourage good health habits with infants and toddlers. Acute or chronic illness and nutritional problems need to be quickly detected and referred for treatment. Prompt, appropriate care must be given to infants and toddlers who are injured. Parents and caregivers should exchange information frequently about the infant/toddler's health.

Young and mobile infants need affectionate and competent physical care geared to their individual needs and rhythms. Caregivers can help infants regulate their eating and sleeping habits and other activities gradually while continuing to balance the needs of the individual and the group.

Toddlers imitate and learn from the activities of those around them. Good health habits can be established by modeling and encouraging good health practices, such as hand washing, use of tissues, nutritious eating, and so forth.

3.1 _____ Sanitation procedures (hand washing, diaper changing, cleaning of toys and equipment, and so forth) for maintaining a clean and healthy environment are posted and followed by the caregivers.

3.2 _____ Food preparation and feeding activities are separated from diapering and bathing areas.

3.3 _____ Caregivers working with young infants wear smock-like coverings that are changed daily or more frequently if they become soiled. (This item may require an interview of staff.)

3.4 _____ Feeding, sleeping, and diapering/toileting activities are recorded daily for each infant and toddler, and the information is available to the parent at the end of each day.

3.5 _____ Infants are allowed to establish and maintain their own eating and sleeping patterns.

3.6 _____ Caregivers encourage toddlers to follow good health practices by washing their hands after toileting, before eating and at other times as needed, and by not sharing feeding utensils, facial tissues, and other personal items.

4. Nutrition

Good nutrition is essential to the physical growth of the developing child. Caregivers must provide a nutritious, well-balanced diet which meets each child's dietary needs and emerging eating skills. Mealtime should be an enjoyable experience, and food should be served in a pleasant, relaxed atmosphere. Caregivers should regard mealtime as a learning opportunity and should model and encourage healthy eating habits. Caregivers should also communicate regularly with parents regarding prescribed formulas, dietary supplements, and/or restrictions; and they should post a weekly menu which describes the meals and snacks being offered.

Young infants should always be held for bottle feeding. They need special attention during feeding time to ensure that they have enough food and emotional nurturing. The feeding schedule should be flexible to allow for feedings when hungry, and the child should be fed by a consistent or familiar caregiver. Young infants may begin eating solid food between four and six months of age starting with cereal or strained fruits or vegetables. New foods should be introduced gradually, one at a time, and as recommended by the child's physician.

Mobile infants can communicate when they want food and when they have had enough. Although milk or formula may still fulfill their dietary needs, they can have chunky fruits and vegetables, juices, and soft foods. Mobile infants may begin to drink from a cup as well as the bottle as they enter early stages of feeding themselves. In their attempts to feed themselves, it is important for them to handle their food in order to develop small-muscle coordination, sensory awareness, and their growing feelings of autonomy.

Toddlers are ready for a wider range of solid foods. They continue to eat cereal, fruits, and vegetables supplemented with an increasing variety of foods. By feeding themselves finger foods and using bowls and spoons, they learn eye-hand coordination and independence.

4.1 _____ Young infants are individually fed and held for bottle feedings.

4.2 _____ The staff accommodates mothers who are breast feeding their infants by making the necessary arrangements. (This item may require an interview of staff.)

4.3 _____ Food is prepared and served in a manner that is appropriate for the developmental level of the child (e.g., strained foods, food cut into small pieces, small utensils for eating and serving, and so forth).

4.4 _____ A relaxed routine is established which makes mealtimes pleasant.

4.5 _____ Mobile infants and toddlers are offered finger foods when developmentally appropriate, and toddlers are encouraged to feed themselves.

4.6 _____ Menus for toddlers reflect the cultures and preferences of the families enrolled. (Review in conjunction with developmental profile.)

4.7 _____ Caregivers sit and eat with the toddlers while modeling appropriate behavior and using mealtime as a learning experience.

5. Language and Communication

Communication between people can take many forms, including spoken words or sounds, gestures, eye and body movements, and touch. Infants and toddlers are learning to understand verbal and nonverbal means of communicating thoughts, feelings, and ideas. Caregivers can assist infants and toddlers with their communication skills by providing ample

opportunity for infants and toddlers to listen, express themselves freely, and interact with other children and adults.

Young infants need adults who are attentive to their nonverbal and preverbal communication. Caregivers can provide better care when they respond sensitively to the individual signals of each infant. Infants' early babbling and cooing are important practice for later word expression. Infants' speech development is facilitated by an encouraging partner who responds to their beginning communications.

Mobile infants begin to jabber expressively, name familiar objects and people, and understand many words and phrases. Caregivers can build on this communication by showing active interest in infants' and toddlers' expressions, interpreting their first attempts at words, repeating and expanding on what they say, talking to them clearly, and by telling them simple stories and rhymes.

Toddlers increase their vocabularies and use of sentences daily. There is a wide range of normal language development during this time; some are early talkers, and others are late talkers. Caregivers should communicate actively with all toddlers, modeling good speech, listening to them carefully, and assisting them with new words and phrases.

5.1 _____ Caregivers respond to the infant/toddler's body language that signals discomfort, excitement, and pleasure.

5.2 _____ Caregivers frequently talk with individual infants and toddlers using clear, simple, and correct language patterns and maintaining eye contact.

5.3 _____ Caregivers encourage infant babbling and toddler vocalizations by repeating and expanding on their limited verbal skills and by naming familiar objects and discussing routine activities in the infant/toddler's environment.

5.4 _____ A variety of songs, stories, books, and games, including some from the infant/toddler's culture and language, are used to promote language development.

5.5 _____ Caregivers use affectionate and playful tones when appropriate.

5.6 _____ Caregivers listen attentively to infants and toddlers, try to understand what they want to communicate, and assist them in expressing themselves.

6. Emotional Development

All children need a physically and emotionally secure environment that supports their developing self-knowledge, self-control, and self-esteem, while at the same time encourages respect for the feelings and rights of others. Flexibility, responsiveness, and emphasis on individualized care for each infant and toddler are especially important in providing this security. Knowing one's self includes knowing about one's body, feelings, and abilities. Accepting and taking pride in one's self comes from experiencing success and being accepted by others as a unique individual. Self-esteem develops as children master new abilities, experience success as well as failure, and realize their effectiveness in handling increasingly challenging demands in their own ways.

Young infants, during the first few weeks and months, begin to build a sense of self-confidence and security in an environment where they can trust that an adult will lovingly care for their needs. The adult is someone who feeds the child when hungry, keeps the child warm and comfortable, soothes the child when distressed, and provides interesting things to look at, taste, smell, feel, hear, and touch.

For mobile infants a loving caregiver is a "home base" who is readily available and provides warm physical comfort and a safe environment to explore and master. This emotional stability is essential for the development of self-confidence as well as language, physical, cognitive, and social growth.

Toddlers become aware of many things about themselves, including their separateness from others. A sense of self and growing feelings of independence develop at the same time that toddlers realize the importance of parents and other caregivers. The healthy toddler's inner world is filled with conflicting feelings and ideas: independence and dependence, confidence and doubt, fear and power, hostility and love, anger and tenderness, and aggression and passivity. The wide range of toddlers' feelings and actions challenge the resourcefulness and knowledge of adults who provide them emotional security.

6.1 _____ Caregivers address each infant and toddler by name.

6.2 _____ Caregivers give one-to-one attention to each child as much as possible.

6.3 _____ Caregivers allow and encourage children to express their feelings of affection, joy, delight, sadness, anger, and so forth.

6.4 _____ Caregivers respond sensitively when children are frustrated, angry, afraid, and when they are separating from their parents.

6.5 _____ Caregivers welcome a child who comes for nurturing with a loving voice, hugging, or stroking.

6.6 _____ Caregivers support a child's developing awareness of self by using mirrors, photographs, and so forth.

6.7 _____ Caregivers encourage and help children develop and practice self-help skills when eating, getting dressed, using toys and equipment, and cleaning up.

7. Social Development

Knowing what behavior is appropriate or acceptable in a situation is an important skill. Older infants (approximately one year to eighteen months) and toddlers develop this understanding when consistent limits and realistic expectations of their behavior are clearly and positively defined. Understanding and following simple rules can help children develop self-control. Children feel more secure when they know what is expected of them and when adult expectations realistically take into account each infant/toddler's development and needs.

Young infants enter the world with a capacity and a need for social contact. Yet, each child has a unique style of interaction as well as readiness for different kinds of interactions. Infants need both protective and stimulating social interactions with a few consistent, caring adults who get to know them as individuals. The caregivers' understanding response to their signals increases infants' participation in social interactions and their ability to "read" the signals of others.

Mobile infants are curious about others but need assistance and supervision in interacting with other children. They continue to need one or a few consistent caregivers as their primary partner(s).

Toddlers' social awareness is much more complex than that of younger infants. Toddlers can begin to understand that others have feelings too--sometimes similar to and sometimes different from their own. They imitate many of the social behaviors of other children and adults.

7.1 _____ Infants and toddlers are encouraged to engage in social play and interaction with caregivers during feeding, bathing, dressing, and other aspects of care.

7.2 _____ Caregivers respond quickly and calmly to prevent infants and toddlers from hurting each other while showing understanding of the children's needs and feelings.

7.3 _____ Caregivers modify activities when they become overstimulating for any of the infants or toddlers.

7.4 _____ When caregivers redirect a toddler's behavior, a brief explanation of limits and rationale is provided.

7.5 _____ Caregivers address the behavior or situation rather than labeling the child good, bad, and so forth.

7.6 _____ Caregivers respect the toddler's right to say "no" or not to participate.

7.7 _____ Caregivers provide books, pictures, stories, and dramatic play materials to help children identify positively with events and experiences of their lives.

8. Physical Development

Physical development is an essential part of the total development of infants and toddlers. Developing physically includes using large and small muscles, coordinating movements, and using the senses. Large-motor development includes strengthening and coordinating the muscles and nervous system and controlling large motions, using the arms, legs, torso, or whole body. Small-motor development involves the ability to control and coordinate small, specialized motions using the eyes, mouth, hands, and feet. Adults should provide materials, equipment, and opportunities for indoor and outdoor activities that encourage this development and recognize and respect the wide differences in individual rates of physical development.

Young infants begin all learning through physical movement, taste, touch, smell, sight, and sound. By moving their arms, hands, legs, and other body parts and by touching and being touched, infants develop an awareness of their bodies

and their ability to move and interact with the environment. By using their mouths to explore, hands to reach and grasp, and whole bodies to roll over and sit up, they master the necessary skills needed for developmental stages that follow.

Mobile infants delight in practicing and achieving new physical skills: crawling, standing, sitting down, cruising, and walking. They interact with their environment in a practical way, using all their senses to examine and manipulate objects and to begin to understand cause and effect, space, and distance in this way.

Toddlers continue to master physical skills at their own individual rates. Their learning and interaction with the environment continue to be active. Although they are gaining greater control and satisfaction through use of their small muscles, they need opportunities to exercise their large muscles often each day.

8.1 _____ Caregivers provide warm and loving physical contact with infants in a variety of ways from soothing to stimulating, depending on the infant's readiness and needs.

8.2 _____ Caregivers provide ample opportunities to practice crawling, creeping, walking while still needing to hold on, walking independently, climbing, descending stairs, and other physical movements.

8.3 _____ Caregivers provide activities and materials to help infants develop their small muscles by grasping, dropping, pulling, pushing, throwing, fingering, and mouthing.

8.4 _____ Caregivers provide appropriate large-muscle activities (e.g., playing ball, running, climbing, and movement to music, both indoors and outdoors).

8.5 _____ Caregivers provide opportunities for the development of eye-hand coordination (e.g., fitting objects into a hole in a box, self-feeding).

9. Cognitive Development

Exploring and trying to understand the world is natural and necessary for the infant/toddler's cognitive or intellectual development. As children learn and grow, their thinking capacities expand and become more flexible. Adults should support and guide this process by joining in play activities

with infants and toddlers, and by responding to their interests with new learning opportunities and to their questions with information and enthusiasm. Cognitive growth also requires healthy development in other areas: consistent physical growth, secure emotional behavior, and positive social interaction.

Young infants begin cognitive learning through their interactions with playful, caring adults in a secure environment. Some of their early learning includes becoming familiar with distance and space relationships, sounds, similarities, and differences among things and visual perspectives from various positions (front, back, under, and over).

Mobile infants actively learn through trying things out; using objects as tools; comparing; imitating; looking for lost objects; and naming familiar objects, places, and people. By giving them opportunities to explore space, objects, and people and by sharing with infants and toddlers the pleasures of discovery, adults can build confidence in the children's ability to learn and understand.

Toddlers enter into a new and expansive phase of mental activity. They are beginning to think in words and symbols, to remember, and to imagine. Their curiosity leads them to try out materials in many ways, and adults can encourage this natural interest by providing a variety of new materials for experimentation. Adults can create a supportive social environment for learning by showing enthusiasm for the individual discoveries of toddlers and by helping them use words to describe and understand their experiences.

9.1 _____ Caregivers provide equipment that children can explore and master by themselves.

9.2 _____ Caregivers allow children time and space for extended and concentrated play by reducing distractions and interruptions.

9.3 _____ Caregivers provide children many opportunities to explore cause and effect (how things work).

9.4 _____ Caregivers allow children to discover ways to solve problems that happen in daily activities.

9.5 _____ Caregivers talk to infants, describing what the caregivers are doing and what they feel, hear, touch, and see.

9.6 ____ Caregivers assist toddlers in learning names of common objects and in talking about their experiences and observations as they happen or soon thereafter.

10. Creative Development

All children are imaginative and have creative potential. They need opportunities to develop and express these capacities. Creative play serves many purposes for infants and toddlers in their cognitive, social, physical, and emotional development. Adults should support the development of the infant/toddler's creative impulses by respecting creative play and by providing a wide variety of activities and materials that encourage spontaneous expression and expand the children's imagination.

Young and mobile infants are creative in their unique and individual ways of interacting with the world. Adults can support their creativity by respecting and enjoying the variety of ways very young children express themselves and act on their environment.

Toddlers are interested in using materials to create something of their own--sometimes to destroy and create it again or to move on. For example, they become absorbed in dipping a brush in paint and watching their stroke of color on paper. They use their voices and bodies creatively: swaying, chanting, and singing. They enjoy making up their own words and rhythms as well as learning traditional songs and rhymes. Adults can provide raw materials and opportunities for toddlers' creativity and can show respect for what they do. Make-believe and pretend activities appear gradually, and adults can join in imaginative play while helping toddlers distinguish between what is real and what is not.

10.1 ____ Caregivers are alert and responsive to the infant/toddler's initiatives to play, move, and use toys and materials.

10.2 ____ Caregivers model and encourage children's creativity through language, by imitating sounds; e.g., cars, animal sounds, nonsense words, rhymes, and imaginative stories.

10.3 ____ A variety of rhythm, music, and movement experiences are provided.

10.4 ____ Creative, messy activities are provided for mobile infants and toddlers; e.g., water, sand play, finger painting, and playing with play dough.

10.5 ____ Unstructured materials (blocks, boxes, paint, and play dough) and representational toys (cars, dolls, animals, dishes, and so forth), which are appropriate for mobile infants and toddlers at different developmental levels, are regularly provided.

10.6 ____ Children are allowed to explore materials in their own ways.

E. PARENT EDUCATION AND INVOLVEMENT

Parents can positively influence the quality of the program just as the program can positively influence the quality of the relationship between parent and child. Parents should feel comfortable in visiting the program at any time and be provided opportunities to discuss their child's needs and development with the staff. The agency should involve parents in all aspects of the program and provide parent education activities that meet the parents' identified needs and interests.

Documentation

1.1 _____ Parents are advised in writing of the following:

- 1.1.1 Policies and procedures for admission and termination of services
- 1.1.2 Process for orienting a child to the center
- 1.1.3 Open-door policy
- 1.1.4 Parent/staff daily communication
- 1.1.5 Parent conferences twice a year
- 1.1.6 Parent activities
- 1.1.7 Child abuse reporting requirements

1.2 _____ The agency has a record of parent surveys. This record should include the parents' needs and interests for parent education and their language preference for written and oral communication.

1.3 _____ Information obtained from parent surveys is used to develop parent activities and agendas of parent meetings.

1.4 _____ To the extent possible, parent education is offered in the primary language of the families being served.

Interview

1.5 _____ Parents are invited to share their culture and family traditions.

1.6 _____ Parent education is culturally sensitive to the families being served.

F. COMMUNITY RESOURCES AND INVOLVEMENT

Community outreach enhances the quality of program operations. The agency should inform the community about the program and should be visible and active in the life of the community. Program personnel should be knowledgeable of and utilize available community resources and social service agencies in order to support the program and assist families in meeting their needs. The program should establish a process for referring or providing enrolled families with social services or health care and a process for seeking donations and contributions.

Documentation

1.1 _____ The agency has a written process for reaching out to the community to make it aware of the program and its needs and services.

1.2 _____ Social services information is available to parents regarding the following services in their community:

1.2.1 Free or low-cost health care
1.2.2 Assistance with basic and emergency family needs

1.3 _____ Current records are maintained for each child regarding health and social service needs and services provided. (Review 10 percent but not fewer than five of the children's files.)

1.4 _____ The staff members document conferences with parents regarding each child's health care needs and referrals. (Review 10 percent but not fewer than five of the children's files.)

Interview

1.5 _____ A staff member is responsible for keeping health and social service records current. (Interview program director and designated staff.)

1.6 _____ The agency invites the community to donate goods and services to the program. (Interview program director.)

G. EVALUATION

A program evaluation plan should be developed and implemented based on measurable criteria, in order to determine if the program's goals and objectives have been

met and to evaluate the level of quality within the program. Program evaluation is an ongoing process and should involve the participation of the governing body, staff, and parents. Programmatic changes should be made, as needed.

Documentation

1.1 _____ The director, program staff, and parents annually evaluate in writing the developmental program to determine if the specific needs of infants, toddlers, and families are being met.

1.2 _____ The governing body and administrative staff review all aspects of the program annually and recommend changes in writing, as necessary.

Interview

1.3 _____ Results of the evaluation are used to modify the program, if necessary. (Interview the program director to identify changes, if any, that have been installed.)

GLOSSARY

Activity: A specific short-term function leading to the achievement of a related objective for children, parents, staff, or community

Board designee: A person or persons approved through governing board action to perform specified tasks on behalf of the board

Children: Young infants, mobile infants, and toddlers

Crawling: To move by dragging the body along the ground

Creeping: To move on hands and knees with body torso above the ground

Cruising: The stage before independent walking when the child takes steps while holding on to stationary furnishings within the environment

Culturally appropriate: Any behavior or experience that positively reinforces the child's self-concept and does not demean his or her culture or origin nor the culture or origin of other children

Developmentally appropriate: That which corresponds to the maturation level of the child in all areas of development

Evaluation: A process by which a policy, plan, procedure, or activity is examined as to its worth

Goal: A statement of purpose or aims for future accomplishments

Mobile infant: The child from six to eighteen months of age

Objectives: A specific course of action or activity described in measurable terms for the purpose of attaining a related goal

Policy: A board-approved statement that governs the agency's activities and is not in conflict with state regulations

Primary caregiver: A member of the caregiving staff who is responsible for the overall care and nurturing of a designated group of children, usually three to four children at any one time

Toddler: The child from sixteen to thirty-three months of age

Young infant: The child from birth to nine months of age

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